

SKIN DISORDERS



DERMATOLOGY

SLIDES & DESCRIPTION

How to Pass Clinic & Oral Exam

BY:

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Common Cases for Clinic Exam

Psoriasis

Lichen Planus

Vitiligo

Acne

Alopecia

Erythema Nodosum

Erythema Multiform

Ichthyosis

Papulo - Squamous Disorders

Psoriasis Vulgaris
Scalp Psoriasis
Guttate Psoriasis
Palmo-Plantar Psoriasis
Auspitz Sign
Koebner
Lichen Planus
Pityriasis Rosea

Common Cases for Clinic Exam

Psoriasis

Lichen Planus

Psoriasis Vulgaris

D\D of Psoriasis Vulgaris:

- 1- Lichen Planus.
- 2- Dermatitis (Discoid Eczema).
- 3- Fungal Infection (Tinea Corporis).
- 4- Drug Eruption.

Single, Unilateral, Well-Defined, Red, Oval, Plaque, Covered with White Silvery Scales, Present on Extensor Surface of Left Elbow Joint.



Treatment of Psoriasis

- Local Treatment:

Emollients (as; Vaseline), Salicylic acid
Coal tar, Dithranol, Vit D3 Analogus, Topical Retinoids.

- Systemic Treatment: PUVA, Retinoids

Methotrexate (for Psoriatic Arthritis), Cyclosporin A.

Psoriasis Vulgaris



Two, Symmetrical, Bilateral, Well-Defined, Red, Plaques, Covered with White Silvery Scales, Present on Extensor Surface of Both Elbow Joints.



D\D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoid Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.

D\D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoïd Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.



Multiple, Different Size & Shape, Unilateral, Well-Defined, Red, Plaques,
Covered with White Silvery Scales, Present on Extensor Surface of Right Forearm.



Multiple, Different Size & Shape, Bilateral, Well-Defined, Red, Plaques, Covered with White Silvery Scales, Present on Extensor Surface of Both Forearms.

D\I D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoid Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.

Covered with Multiple, Different Size & Shape, Bilateral, Well-Defined, Red, Plaques, Covered with White Silvery Scales, Present on Extensor Surface of Both Forearms & Trunk.

D\D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoid Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.



Single, Unilateral, Well-Defined, Red, Plaque, Covered with White Silvery Scales, Present on Extensor Surface of Both Legs.

D\D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoid Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.



D\D:

1- Psoriasis.

2- Lichen Planus.

3- Dermatitis (Discoïd Eczema)

4- Fungal Infection (Tinea Coporis).

5. Drug Eruption.

Multiple, Different Size & Shape, Bilateral, Well-Defined, Red, Plaques,
Covered with White Silvery Scales, Present on Extensor Surface of Both Legs.



Multiple, Diffuse, Different Size & Shape, Well-Defined, Red, Large, Plaques,
Covered with White Silvery Scales, Present on Trunk.

D\D:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Dermatitis (Discoid Eczema)
- 4- Fungal Infection (Tinea Coporis).
5. Drug Eruption.



Scalp Psoriasis

D\D of Scalp Psoriasis:

- 1- Seborrhoeic Dermatitis.
- 2- Fungal Infection (Tinea Capitis).



Well-Defined, Red, Large, Plaque, Covered with White Silvery Scales
Present on Posterior Hair Line of Scalp & Behind Ears.

D\D:

- 1- Scalp Psoriasis.
- 2- Seborrhoeic Dermatitis.
- 3- Fungal Infection (Tinea Capitis).

Well-Defined, Red, Large, Plaque, Covered with White Silvery Scales
Present on Posterior Hair Line of Scalp & Behind Ears.



Guttate Psoriasis

*Multiple, Different Size & Shape, Red, Plaques & Papules,
Covered with White Silvery Scales, Scattered on the Back of the Trunk.*

D\D of Guttate Psoriasis:

- 1- Pityriasis Rosea.
- 2- Secondary Syphilis.
- 3- Fungal Infection.
- 4- Lichen Planus.
- 5- Drug Eruption.





Multiple, Different Size & Shape, Red, Papules,
Covered with White Fine Silvery Scales, Scattered on the Trunk.

D/D:

- 1- Guttate Psoriasis.
- 2- Pityriasis Rosea.
- 3- Secondary Syphilis.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.

Multiple, Bilateral, Different Size & Shape, Red, Papules,
Covered with White Fine Silvery Fine Scales, Scattered on the Legs.

D\D:

- 1- Guttate Psoriasis.
- 2- Pityriasis Rosea.
- 3- Secondary Syphilis.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.





Guttate Psoriasis



Palmo-Plantar Psoriasis

D\D of Palmo-Plantar Psoriasis:

- 1- Hyperkeratotic Eczema.
- 2- Fungal Infection (Tinea Manuum).
- 3- Pompholyx (Eczema).



Multiple, Different Size, Pustules,
on Erythematous Base, Present on the Palm of the Right Hand.

D\D:

- 1- Palmo-Planter Psoriasis.
- 2- Hyperkeratotic Eczema.
- 3- Fungal Infection (Tinea Manuum).
- 4- Pompholyx (Eczema).

Multiple, Different Size, Pustules,
on Erythematous Base, Present on the Planter Surface.



D\D:

- 1- Palmo-Planter Psoriasis.
- 2- Hyperkeratotic Eczema.
- 3- Fungal Infection (Tinea Manuum).
- 4- Pompholyx (Eczema).

Multiple, Bilateral, Symmetrical, Different Size, Pustules,
on Erythematous Base, Covered with Yellow Crust, Present on Both Soles.



Erythrodermic Psoriasis



Mainly Due to
Using of
Systemic
Steroid



Pitting of
Nail Plate



Subungual
Hyperkeratosis



Oil Drop Sign



Oil Drop Sign



Loodie
Loodie
Loodie

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Auspitz Sign

Auspitz Sign:

Pin point Bleeding, Due to Removal Of Scales from Psoriasis Plaque.

- It Confirms the Diagnosis of Psoriasis.



Koebner

D\D of Koebner Phenomenon:

- 1- Psoriasis.
- 2- Lichen Planus.
- 3- Vitiligo.
- 4- Wart.
- 5- Molluscum Contagiosum.



Lichen Planus

D\D of Lichen Planus:

- 1- Pityriasis Rosea.
- 2- Psoriasis Vulgaris.
- 3- Dermatitis (Lichen Simplex Chronicus).
- 4- Drug Eruption.

Multiple, Unilateral, Different Size & Shape, Purple, Plane, Polygonal, Plaques, Covered with Fine Scales, Present on Dorsum of the Right Hand & Fingers.

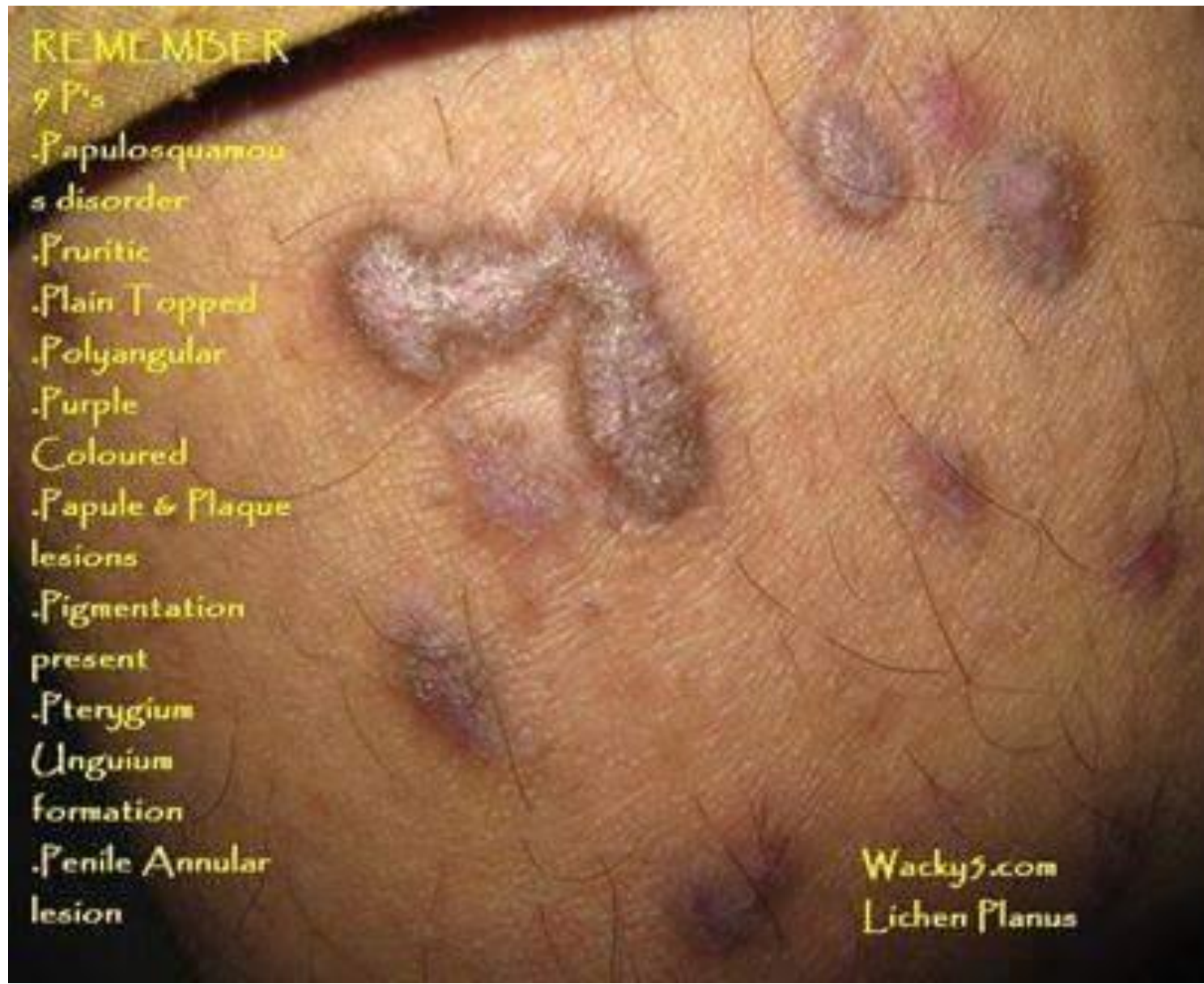


Treatment of Lichen Planus

- 1- Topical Steroids.
- 2- Anti-Histamine.

It is Self Limiting Disease Within 8-12 Months.

Lichen Planus



Multiple, Different Size & Shape, Purple, Plane, Polygonal,
Plaques & Papules, Covered with White, Fine Scales.

D\D

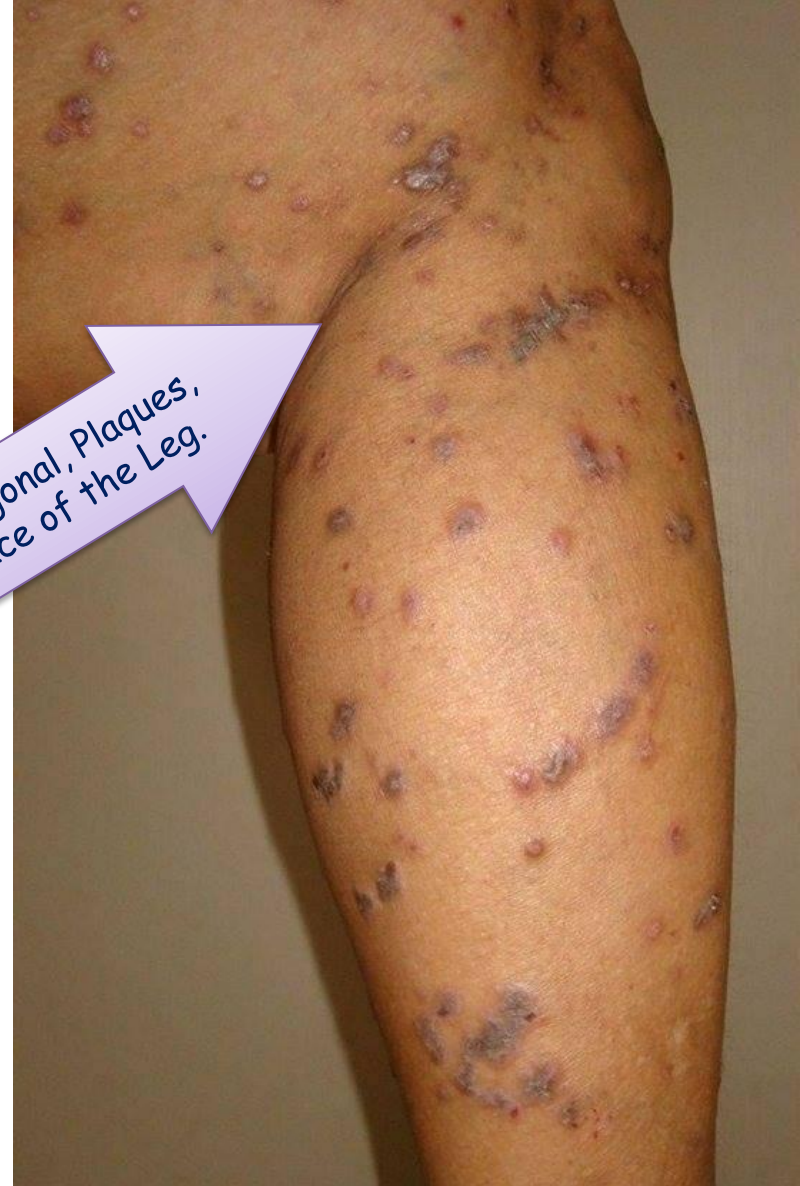
- 1- Lichen Planus.
- 2- Pityriasis Rosea.
- 3- Psoriasis Vulgaris.
- 4- Dermatitis (Lichen Simplex Chronicus).
- 5- Drug Eruption.



D\D

- 1- Lichen Planus.
- 2- Pityriasis Rosea.
- 3- Psoriasis Vulgaris.
- 4- Dermatitis (Lichen Simplex Chronicus).
- 5- Drug Eruption.

Multiple, Unilateral, Different Size & Shape, Purple, Plane, Polygonal, Plaques, & Papules, Covered with Fine Scales, Present on Flexor Surface of the Leg.



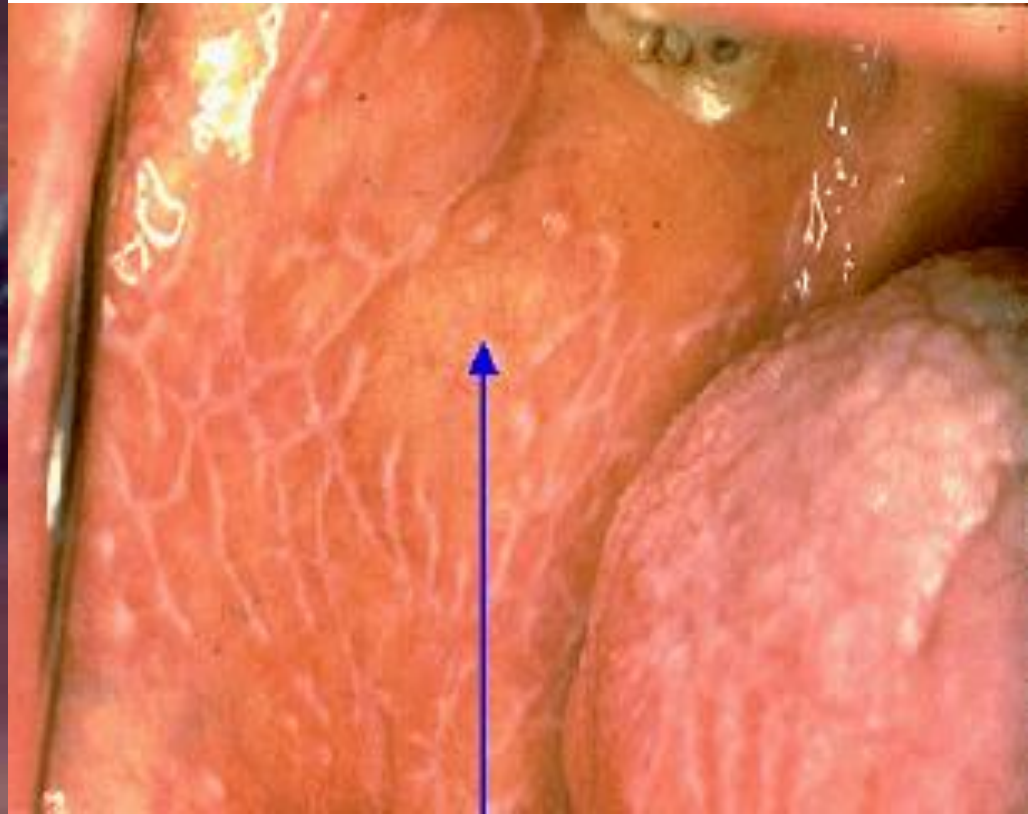


Multiple, Unilateral, Different Size & Shape, Purple, Plane, Polygonal, Plaques, & Papules, Covered with Fine Scales, Present on Dorsum of the Right Hand.

D/D

- 1- Lichen Planus.
- 2- Pityriasis Rosea.
- 3- Psoriasis Vulgaris.
- 4- Dermatitis (Lichen Simplex Chronicus).
- 5- Drug Eruption.

Wickham Stria



Pterygium



Pityriasis Rosea

Multiple, Different Size & Shape, Pink, Papules, Covered with Fine Scales, Present on the Trunk.

D\D of Pityriasis Rosea:

- 1- Guttate Psoriasis.
- 2- Secondary Syphilis.
- 3- Fungal Infection.
- 4- Lichen Planus.
- 5- Drug Eruption.

Treatment Pityriasis Rosea

- 1- Reassurance.
- 2- Anti-Histamine.

It is Self limiting 6-8 Weeks.

Herald Patch
"Mother Lesion"



D\D

- 1- Pityriasis Rosea.
- 2- Guttate Psoriasis.
- 3- Secondary Syphilis.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.



Multiple, Different Size & Shape, Pink, Papules, Covered with Fine Scales
& Single, Pink, Patch, Covered with Fine Scales, Present on the Trunk.

D\D

- 1- Pityriasis Rosea.
- 2- Guttate Psoriasis.
- 3- Secondary Syphilis.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.

Multiple, Different Size & Shape, Pink, Papules, Covered with Fine Scales, Present on the Trunk.





Multiple, Different Size & Shape, Pink, Papules,
Covered with Fine Scales, Present on the Trunk.

D/D

- 1- Pityriasis Rosea.
- 2- Guttate Psoriasis.
- 3- Secondary Syphilis.
- 4- Fungal Infection.
- 5- Lichen Planus.
- 6- Drug Eruption.

Christmas Tree Distribution of Pityriasis Rosea



Keywords: Herald patch, Christmas tree



Pigmentation Disorders

Local Vitiligo (Acral)
Local Vitiligo (Acro-Facial)
Diffuse Vitiligo
Woods Lamp

Common Cases for Clinic Exam

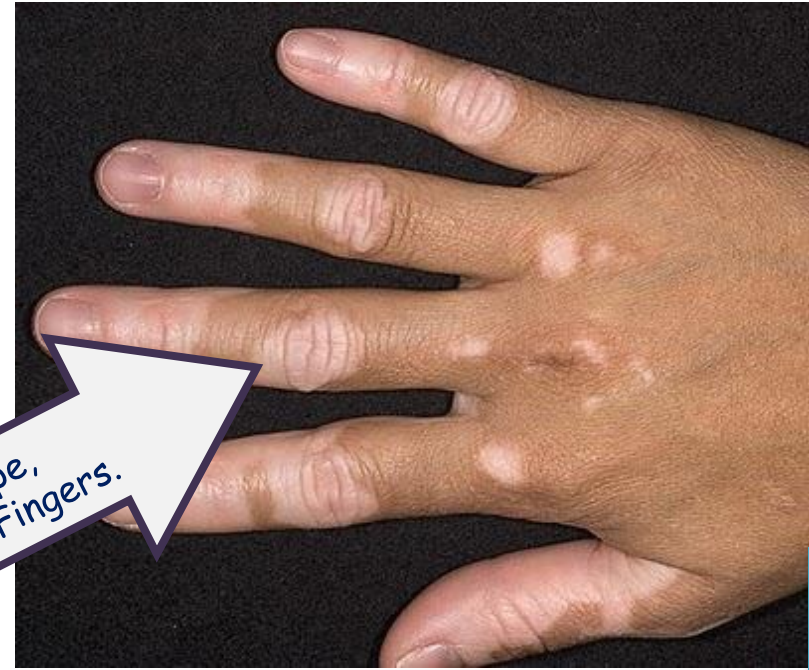
Vitiligo

Local Vitiligo (Acral)

D\D of Vitiligo:

- 1- Post Traumatic.
- 2- Post Inflammatory.
- 3- Pityriasis Versicolor.
- 4- Pityriasis Alba.
- 5- Tuberculoid Leprosy.

Multiple, Well-Defined, De-Pigmented, Different Size & Shape, Macules & Patches, Present on the Dorsum of the Right Hand & Fingers.



Treatment of Local Vitiligo

- 1- Sun Screen.
- 2- Local Steroid.
- 3- Tacrolimus.
- 4- Cosmetic Comuflag Cream.

Multiple, Bilateral, Well-Defined, De-Pigmented, Different Size & Shape, Macules & Patches, Present on the Dorsum of the Both Hands & Fingers.

D\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.



D\I\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.



Multiple, Bilateral, Well-Defined, De-Pigmented, Different Size & Shape, Macules & Large Patches, Present on the Dorsum of the Both Hands & Fingers.

Multiple, Bilateral, Well-Defined, De-Pigmented, Different Size & Shape, Macules & Patches, Present on the Dorsum of the Both Hands & Fingers.

D\I\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.





Single, Unilateral, Well-Defined, Irregular, De-Pigmented, Large Patch,
Present on the Extensor Surface of the Forearm.

D\I\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.

D\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.

Multiple, Bilateral, Well-Defined, De-Pigmented, Different Size & Shape, Macules & Patches, Present on the Flexor Surface of the Both Forearms.



Local Vitiligo (Acro-Facial)

Well-Defined, De-pigmented, Large, Patches,
Present around Mouth, Nose & Eyes.



Acro-Facial Vitiligo



D\I\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.

Well-Defined, De-pigmented, Large, Patches,
Present around Eyes.



Diffuse Vitiligo

Treatment of Diffuse Vitiligo

1- PUVA.

2- Systemic Steroid.

3- U.V.B Rays.

4- If More than 90% of Skin Affected;
Do → De-Pigmentation by;
Ethyl Ether Hydroquinone.

Multiple, Scattered, De-Pigmented Different Size & Shape, Macules & Patches,
With No Hair Loss Present on Chest, Abdomen & Both Upper Limbs.



Multiple, Scattered, De-Pigmented Different Size & Shape,
Macules & Patches, Present on the Back of the Neck.

D\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.





Two, Irregular, De-Pigmented Different Size & Shape,
Patches, Present on the Cheek & Neck.

D\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.

Multiple, Scattered, De-Pigmented Different Size & Shape,
Macules & Patches, Present on the Back of the Trunk.

D\D:

- 1- Vitiligo
- 2- Post Traumatic.
- 3- Post Inflammatory.
- 4- Pityriasis Versicolor.
- 5- Pityriasis Alba.
- 6- Tuberculoid Leprosy.



Woods Lamp of Vitiligo



Milky White in Color

Acne & Rosacea

Acne Vulgaris
Infantile Acne
Acne Conglobata
Acne Fulminans
Atrophic Scars of Acne
Rosacea
Rhinophyma

Common Cases for Clinic Exam

Acne

Acne Vulgaris

D\I of Acne Vulgaris:

- 1- Rosacea.
- 2- Contact Dermatitis.
- 3- Fulliculitis.
- 4- Drug Eruption.



Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on Forehead.

Treatment of Acne (According to the Grade)

-Local Treatment:

Local Retinoid, Benzyl Peroxide, Local AB.

-Systemic Treatment:

Systemic Retinoid, Systemic AB.

- D\D:**
- 1- Acne
 - 2- Rosacea.
 - 3- Contact Dermatitis.
 - 4- Fulliculitis.
 - 5- Drug Eruption.

Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on the Cheek.



Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on the Cheek.



- D\D:**
- 1- Acne
 - 2- Rosacea.
 - 3- Contact Dermatitis.
 - 4- Fulliculitis.
 - 5- Drug Eruption.

Comedones



White & Black Comedone



Infantile Acne

D\D of Infantile Acne:
1- Infantile Atopic Dermatitis.

Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on Cheek.



D\D:

- 1- Infantile Acne.
- 2- Infantile Atopic Dermatitis.

Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on Cheek.





Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, Present on Cheek.

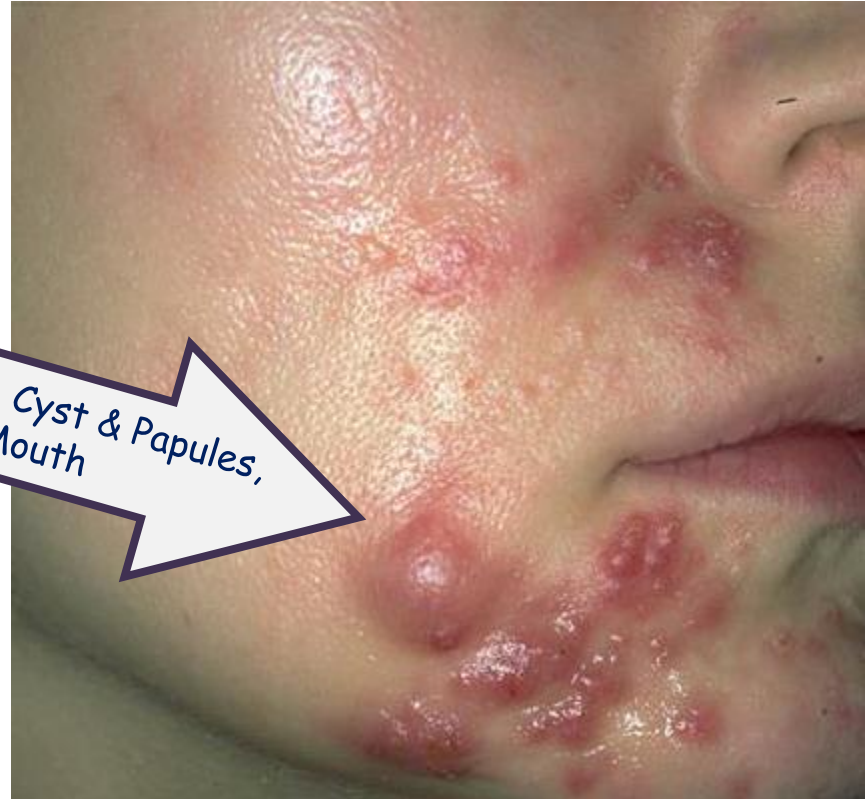
D\I\D:
1- Infantile Acne.
2- Infantile Atopic Dermatitis.

Acne Conglobata

D\D of Acne Conglobata:

1- Acne Fulminans.

Multiple, Scattered, Different Size & Shape, Red, Nodules, Cyst & Papules,
on Erythematous Base, Present on Cheek & Under Mouth



Treatment of Acne Conglobata

- 1- Systemic Retinoid.
- 2- Systemic AB.
- 3- Systemic Steroid.

D\D:

- 1- Acne Conglobata.
- 2- Acne Fulminans.



Multiple, Scattered, Different Size & Shape, Red, Nodules, Cyst & Papules, on Erythematous Base, Present on Cheek.

Acne Conglobata



Acne Fulminans

D\D of Acne Fulminans:

1- Acne Conglobata.

Treatment of Acne Fulminans

- 1- Systemic Retinoid.
- 2- Systemic AB.
- 3- Systemic Steroid.

Multiple, Scattered, Different Size & Shape, Red, Nodules, Papules & Ulcers, on Erythematous Base, Covered with Dark Yellow Crust, Present on the Chest.



Acne Fulminans



Atrophic Scars of Acne



Multiple, Scattered, Skin Colored, Atrophic Scars,
Present on Cheek.



Rosacea

D\I of Rosacea:

- 1- Acne.
- 2- Contact Dermatitis.
- 3- Fulliculitis.
- 4- Drug Eruption.

Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, & Bilateral Redness of The Cheeks, with Telangiectasia.



Treatment of Rosacea

- 1- Avoid Sun Light.
- 2- Systemic Retinoids.
- 3- Systemic AB.
- 4- Mitronidazole Cream.

Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules,
on Erythematous Base, & Bilateral Redness of The Cheeks, with No Comedone.

D\D

- 1- Rosacea
- 2- Acne.
- 3- Contact Dermatitis.
- 4- Fulliculitis.
- 5- Drug Eruption.





Multiple, Scattered, Different Size & Shape, Red, Papules & Pustules, on Erythematous Base, & Bilateral Redness of The Cheeks, with No Comedone.

D\I D

- 1- Rosacea
- 2- Acne.
- 3- Contact Dermatitis.
- 4- Fulliculitis.
- 5- Drug Eruption.



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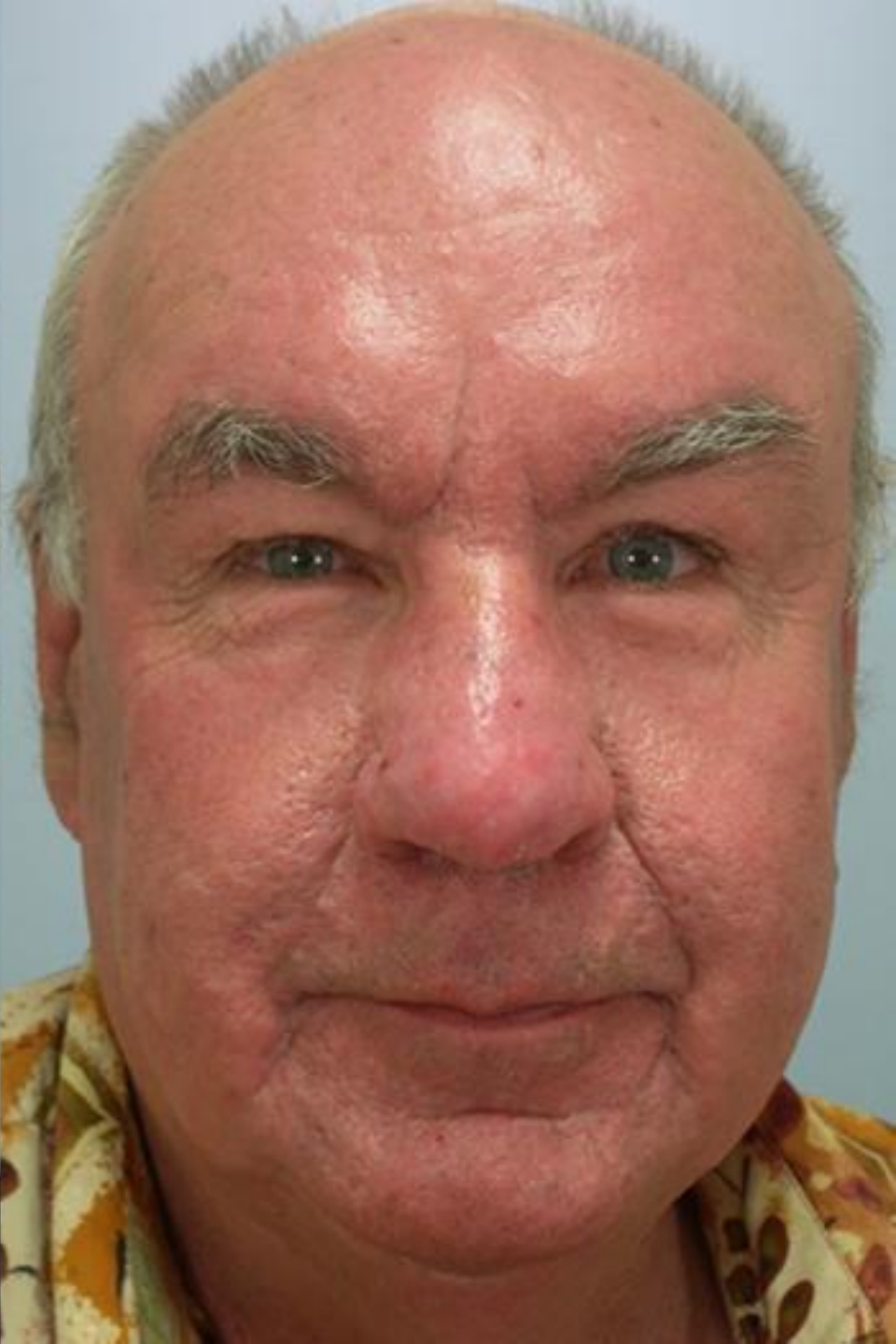
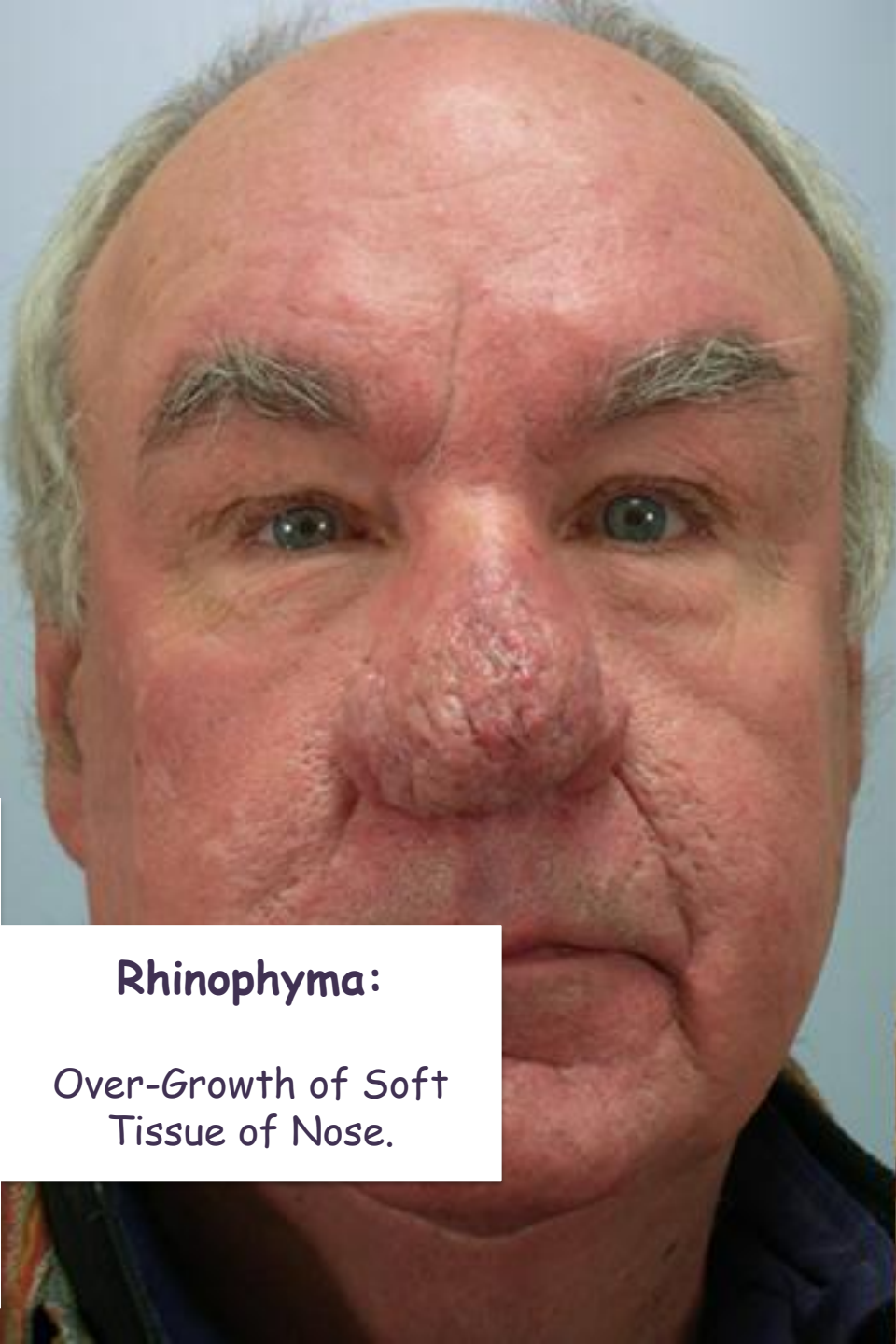
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Rhinophyma:

Over-Growth of Soft
Tissue of Nose.

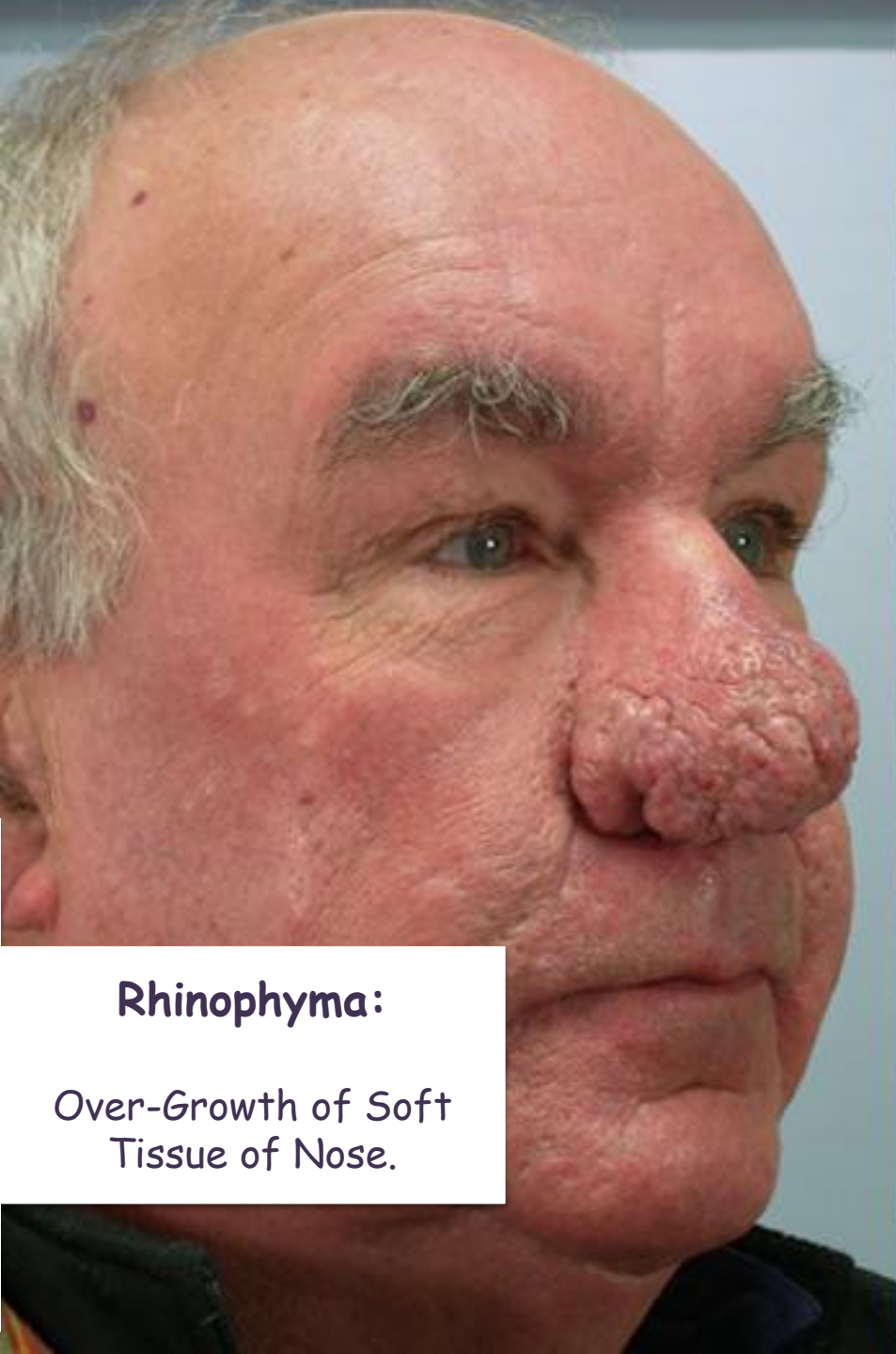
Rhinophyma





Rhinophyma:

Over-Growth of Soft
Tissue of Nose.



Rhinophyma:

Over-Growth of Soft
Tissue of Nose.



Hair Disorders

Alopecia Areata
Alopecia Totalis
Alopecia Universalis
Ophiasis Pattern
Androgenic Alopecia

Common Cases for Clinic Exam

Alopecia

Alopecia Areata

D\I of Alopecia Areata:

- 1- Non Inflammatory Tinea Capitis.
- 2- Tractional Alopecia
- 3- Androgenic Alopecia.
- 4- Trichotilomania.
- 5- Hair-Pulling Habit.



Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.

Treatment of Alopecia Areata

- 1- Reassurance.
- 2- Topical Steroid or Tacrolimus.
- 3- Cyclosporin
- 4- Dithranol.
- 5- Minoxidil.

Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.

D\D

- 1- Alopecia Areata.
- 2- Non Inflammatory Tinea Capitis.
- 3- Tractional Alopecia
- 4- Androgenic Alopecia.
- 5- Trichotilomania.



Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.



D\D

- 1- Alopecia Areata.
- 2- Non Inflammatory Tinea Cpitis.
- 3- Tractional Alopecia
- 4- Androgenic Alopecia.
- 5- Trichotilomania.

Single, Clean, Oval, Well-Defined, Skin Colored Patch of Hair Loss,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.

D\D

- 1- Alopecia Areata.
- 2- Non Inflammatory Tinea Capitis.
- 3- Tractional Alopecia
- 4- Androgenic Alopecia.
- 5- Trichotilomania.



Alopecia Areata



Month 4



Month 14



Month 4



Month 14





Alopecia Areata

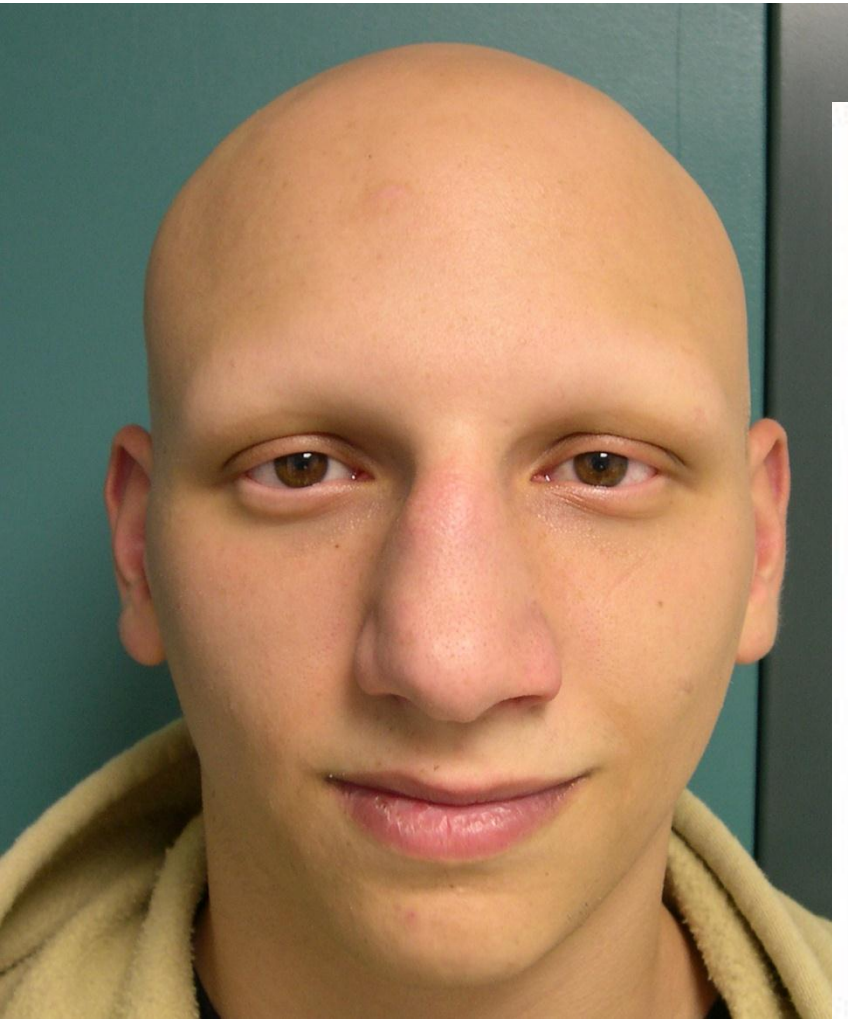
Month 1



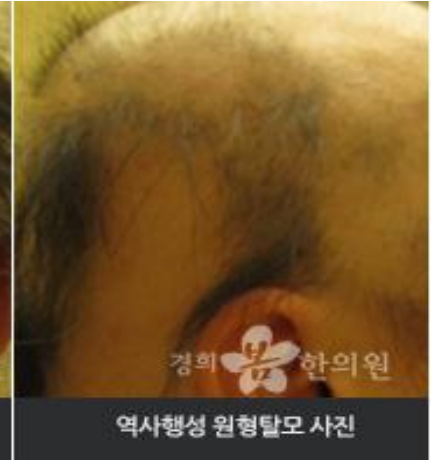
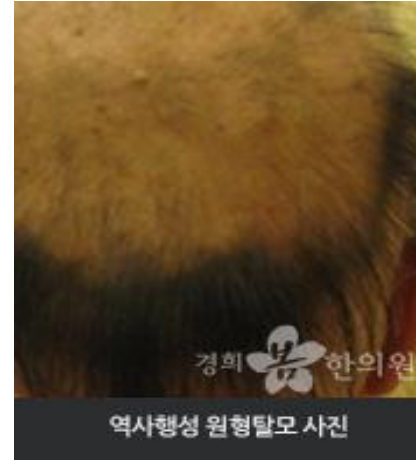
Alopecia Totalis



Alopecia Universalis



Ophiasis Pattern Alopecia



Androgenic Alopecia

D\D of Androgenic Alopecia:

- 1- Alopecia Areata
- 2- Tractional Alopecia.
- 3- Trichotilomania.
- 4- Hair-Pulling Habit.



Well-Defined, Clean Area of Hair Loss, Following Fronto-Temporal area,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.

Treatment of Androgenic Alopecia
-Topical Minoxidil Lotion.

Well-Defined, Clean Area of Hair Loss, Following Fronto-Temporal area,
Not Scaly, With **No** Signs of Inflammation, Present on the Scalp.

D\I\D

- 1- Alopecia Areata.
- 2- Non Inflammatory Tinea Capitis.
- 3- Tractional Alopecia
- 4- Androgenic Alopecia.
- 5- Trichotilomania.





Vesiculo - Bullous Disorders

Pemphigus Vulgaris
Bullous Pemphigoid
Oral Bullous
Nikolsky Sign

Pemphigus Vulgaris

D\D of Pemphigus Vulgaris:

- 1- Bullous Pemphigoid.
- 2- Epidermolysis Bullosa.
- 3- Bacterial Infection.
- 4- Viral Infection.
- 5- Chemical Trauma.
- 6- Burns



Multiple, Different Size & Shape, Yellowish, **Non Bloody Bullae**,
on Erythematous Base,
& Red, Hemorrhagic Crust, Present on Chest & Upper Limbs.

Treatment of Pemphigus Vulgaris

-Systemic Treatment:

- 1- Large Dose Systemic Steroid.
- 2- Immunosuppressive.

-Local Treatment:

- 1- Topical Steroid.
- 2- Topical AB.

Pemphigus Vulgaris



Bullous Pemphigoid

D\D of Bullous Pemphigoid:

- 1- Pemphigus Vulgaris.
- 2- Epidermolysis Bullosa.
- 3- Bacterial Infection.
- 4- Viral Infection.
- 5- Chemical Trauma.
- 6- Burns

Treatment of Pemphigoid

-Systemic Treatment:

- 1- Small Dose Systemic Steroid.
- 2- Immunosuppressive.

-Local Treatment:

- 1- Topical Steroid.
- 2- Topical AB.



Multiple, Different Size & Shape, Bloody & Yellowish, Bullae & Hemorrhagic Crust, on Erythematous Base, Scattered All over Back of the Trunk.

Bullous Pemphigoid



Bullous Pemphigoid



Bullous Pemphigoid



Oral Bullous

Multiple, Different Size & Shape, White, **Non Bloody** Bullae, on Erythematous Base, Present on Ventral Surface of the Tongue.



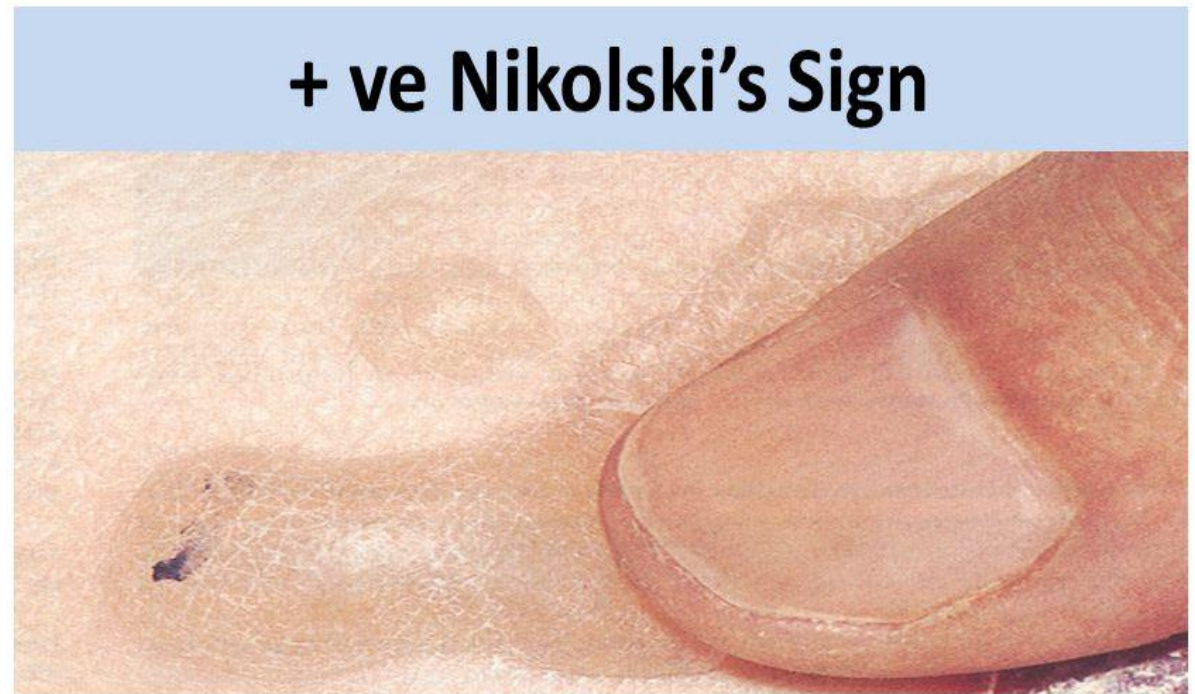
D\D of Oral Bullous:

- 1- Pemphigus Vulgaris.
- 2- Bullous Pemphigoid.
- 3- Epidermolysis Bullosa.
- 4- Bacterial Infection.
- 5- Viral Infection.
- 6- Chemical Trauma.
- 7- Burns

Treatment of Oral Bullous

- 1- Anti Septic Mouth Wash.
- 2- Topical Steroid.
- 3- Topical AB.

Nikolski's Sign



Nikolsky Sign : Dislodging of epidermis by lateral finger pressure in the vicinity of lesions, which leads to an erosion.

Shearing stresses on normal skin can cause new erosions to form

Eczema (Dermatitis) & Urticaria

Primary Irritant Dermatitis
Allergic Contact Dermatitis
Atopic Dermatitis (Infantile, Childhood, Adult)
Seborrhoic Dermatitis (Infantile, Adult)
Stasis Eczema
Discoid Eczema
Eczema Caquale
Pompholyx
Lichen Simplex Chronicus
Urticaria

Primary Irritant Dermatitis

D\D of Primary Irritant Dermatitis:

- 1- Allergic Contact Dermatitis
- 2- Atopic Dermatitis.
- 3- Drug Eruption.



Multiple, Red, Papules, on Erythematous Base, Covered with Fine Scales,
Scattered on Lichenified (Thick, Dry) Skin, on the Dorsum of Both Hands.

Treatment of Dermatitis (4 Anti)

- 1- Anti Dryness (Emollients as Vaseline).
- 2- Anti Inflammatory (Local Steroid).
- 3- Anti Histamine.
- 4- Anti Biotic (Topical).

Allergic Contact Dermatitis

Multiple, Bloody Fissures, Scattered on Dry, Erythematous, Lichenified Skin (Thick, Dry, Hyperpigmented Skin), Present on Dorsum of the Right Hand.



D\D of Allergic Contact Dermatitis:

- 1- Primary Irritant Dermatitis.
- 2- Atopic Dermatitis.
- 3- Drug Eruption.











Contact Dermatitis: Poison Ivy

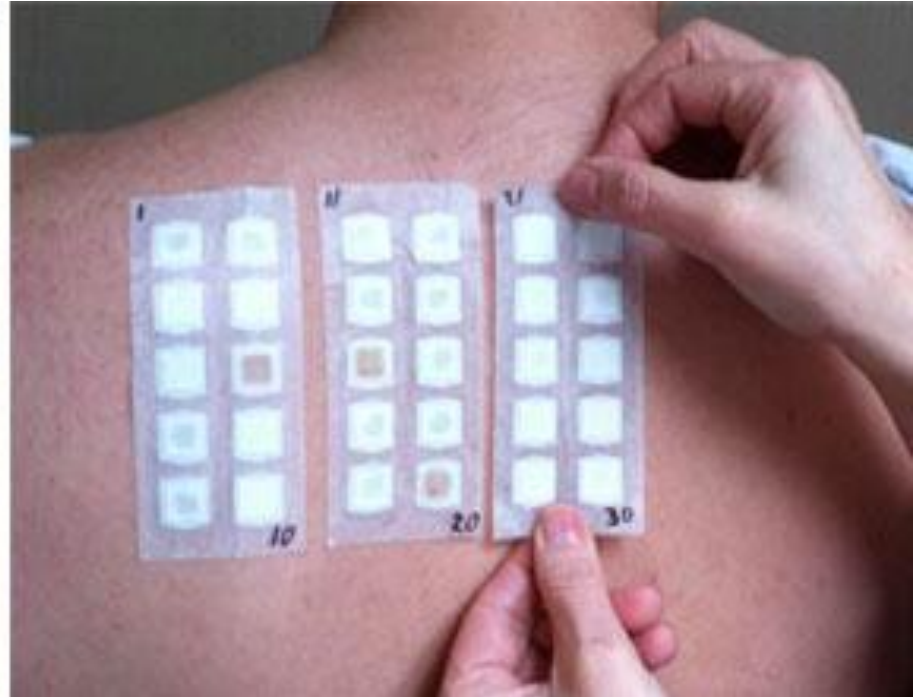


Dermatitis





Patch Test Used to Differentiate Between Exogenous Dermatitis Endogenous Dermatitis



Infantile Atopic Dermatitis

D\D of Infantile Atopic Dermatitis:

- 1- Infantile Acne.
- 2- Bacterial Infection (Impetigo).
- 3- Herpes Simplex.
- 4- Drug Eruption.



Multiple, Red (Erythematous), Patches & Papules Covered with Yellow Crust
Scattered on Both Cheeks & around Mouth & Eyes.

Treatment of Atopic Dermatitis (4 Anti)

- 1- Anti Dryness (Emollients as Vaseline).
- 2- Anti Inflammatory (Local Steroid).
- 3- Anti Histamine.
- 4- Anti Biotic (Topical).

Infantile Atopic Dermatitis



Infantile Atopic Dermatitis



Infantile Atopic Dermatitis



Childhood Atopic Dermatitis

D\D of Childhood Atopic Dermatitis:

- 1- Psoriasis Inverses.
- 2- Fungal Infection.
- 3- Drug Eruption.

Bilateral, Red (Erythematous), Swelling, Macules & Patches,
Scattered on Flexure Surface (Popliteal Fossa) of Both Lower Limbs.



Childhood Atopic Dermatitis



Childhood Atopic Dermatitis



Childhood Atopic Dermatitis



Adult Atopic Dermatitis

Multiple, Red (Erythematous), Patches, Macules & Papules, Covered with Yellow Crust
Scattered on Both Cheeks & around Mouth & Eyes.

D\D of Adult Atopic Dermatitis:

- 1- Acne Vulgaris.
- 2- Rosacea
- 3- Photosensitivity.
- 4- Drug Eruption.



Adult Atopic Dermatitis



Adult Atopic Dermatitis



Adult Atopic Dermatitis



Fig. 5.7 Nummular dermatitis.



Fig. 5.18). A problem recognized relatively recently is that of sensitization to a corticosteroid molecule. This should always be considered when a pa

Infantile Seborrhoeic Dermatitis

D\D of Infantile Seborrhoeic Dermatitis:

- 1- Scalp Psoriasis.
- 2- Fungal Infection (Favus).

Multiple, Diffuse, Large, Yellow, Scales
Scattered on the Scalp & Forehead.

Treatment of Seborrhoeic Dermatitis

1. Anti Inflammatory (Local Steroid).
2. Anti-Fungal (Topical)
 - Or ketoconazol + Steroid Lotion



Infantile Seborrheic Dermatitis



Infantile Seborrheic Dermatitis



Adult Seborrhoeic Dermatitis

D\D of Adult Seborrhoeic Dermatitis:

- 1- Scalp Psoriasis.
- 2- Fungal Infection (Favus).

Multiple, Diffuse, Large, Yellow, Scales & Fissures
Scattered on the Scalp.



Treatment of Seborrhoeic Dermatitis

1. Anti Inflammatory (Local Steroid).
 2. Anti-Fungal (Topical)
- Or ketoconazol + Steroid Lotion

Adult Seborrheic Dermatitis



Adult Seborrheic Dermatitis



Stasis Eczema

Poorly-Defined, Irregular, Red (Erythematous), Area (Patch)
Present On Leg, above The Medial Malleolus & Ankle Joint.

D\D of Stasis Eczema:

- 1- DVT.
- 2- Cellulitis.
- 3- Erysipelas.
- 4- Insect Bite.
- 5- Drug Eruption.

Treatment of Stasis Eczema

1. Walking & Exercise
2. Compression Stocks
3. Elevation of Foot Over Night
4. Local steroid Injection around Ulcer.



Stasis Eczema



Stasis Eczema



Stasis Eczema



Discoid Eczema



Discoid Eczema



Discoid Eczema



Discoid Eczema



Eczema Craquele



Pompholyx (Dyshidrotic Eczema)



Pompholyx (Dyshidrotic Eczema)



Lichen Simplex Chronicus (Neurodermatosis)



Urticaria

D\D of Urticaria:

- 1- Insect Bite.
- 2- Food Allergy.
- 3- Drugs Allergy.

Multiple, Different Size & Shape, Red (Erythematous), Plaques with **Pale Center (Wheal)**
Present on anterior & Medial Surface of the Right Lower Limb.

Treatment of Urticaria

- 1- Hydrocortisone Inj 50-100mg.
- 2- Anti Histamine (Tab or Inj).
- 3- S\C Inj of Epinephrine.
In Case of Laryngeal Edema.



Urticaria



urticaria

slightly elevated papules or plaques (wheals) that are erythematous and that are often attended by severe pruritus.

Urticaria



Urticaria



Urticaria



Urticaria



Urticaria



Urticaria



Erythema

Erythema Nodosum

Erythema Multiform

Erythema Induratum

Common Cases for Clinic Exam

Erythema Nodosum

Erythema Multiform

Erythema Nodosum

D\I of Erythema Nodosum:

- 1- Erythema Induratum.
- 2- Cellulitis.
- 3- Phlebitis.
- 4- Insect Bite.

Treatment of Erythema Nodosum

- 1- Bed Rest.
- 2- Elevation Of Legs.
- 3- Cold Compression.
- 4- NSAID as Indomethacine.



Bilateral, Symmetrical, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No** Ulcer.

Bilateral, Symmetrical, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No Ulcer**.

D\D:

- 1- Erythema Nodosum.
- 2- Erythema Induratum.
- 3- Cellulitis.
- 4- Phlebitis.
- 5- Insect Bite.

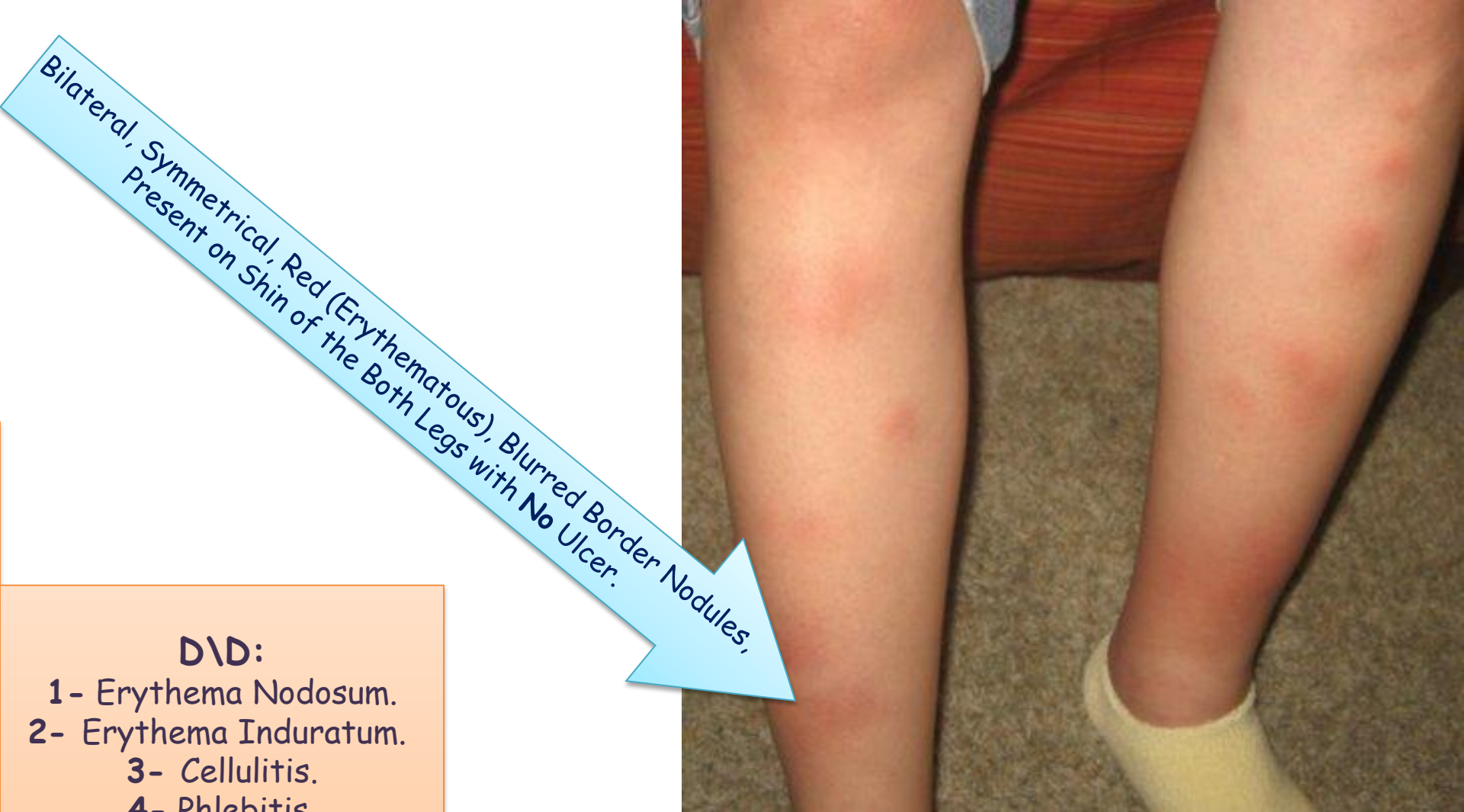


D\D:

- 1- Erythema Nodosum.
- 2- Erythema Induratum.
- 3- Cellulitis.
- 4- Phlebitis.
- 5- Insect Bite.



Bilateral, Symmetrical, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No Ulcer**.



Bilateral, Symmetrical, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No** Ulcer.

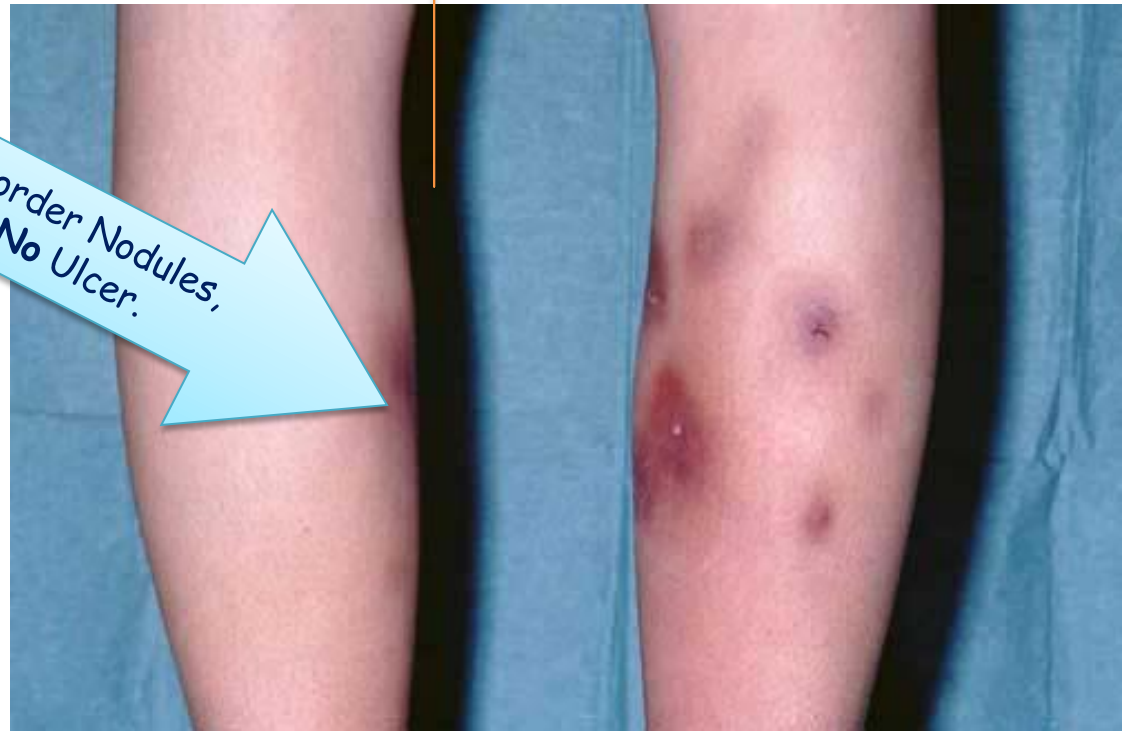
D\D:

- 1- Erythema Nodosum.
- 2- Erythema Induratum.
- 3- Cellulitis.
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D\D:

- 1- Erythema Nodosum.
- 2- Erythema Induratum.
- 3- Cellulitis.
- 4- Phlebitis.
- 5- Insect Bite.

Bilateral, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No** Ulcer.



D\D:

- 1- Erythema Nodosum.
- 2- Erythema Induratum.
- 3- Cellulitis.
- 4- Phlebitis.
- 5- Insect Bite.

Bilateral, Red (Erythematous), Blurred Border Nodules,
Present on Shin of the Both Legs with **No** Ulcer.



Erythema Nodosum





Erythema Multiform

Treatment of Erythema Multiform

-Minor Type:

Self Limiting.

-Major Type (Steven Johnson Syndrome):

- 1- Admission to the Hospital.
- 2- Correct Fluid.
- 3- Systemic Steroid.
- 4- Systemic AB.
- 5- Treat Eye Complication.

Multiple, Patches, Consists of Red Center, Erythematous Periphery, & Pale Zone in between
These Patches Known as Target Lesion, Present on Dorsum of the Left Hand.



D\D:

- 1- Erythema Multiform Major.
- 2- Erythema Multiform Minor.

Multiple, Well-Defined, Red, Papules & Target Lesion,
Present on Dorsum of the Left Hand.



Multiple, Well-Defined, Red, Papules & Target Lesion,
Present on Dorsum of the Left Hand.

D\I\D:

- 1- Erythema Multiform Major.
- 2- Erythema Multiform Minor.



Erythema Multiform Target Lesion



Erythema Multiform



Erythema Multiform



Erythema Induratum

Multiple, Different Size & Shape, Red (Erythematous), Nodules,
& Two Rounded Shaped Ulcers Present on Posterior Surface of the Leg.

D\D of Erythema Induratum:

- 1- Erythema Nodosum.
- 2- Cellulitis.
- 3- Phlebitis.
- 4- Insect Bite.

Treatment of Erythema Induratum

- 1- Bed Rest.
- 2- Systemic Steroid for 2 Weeks.
- 3- Anti TB Drugs for 9 Months.



Erythema Induratum



Erythema Induratum



Genodermatosis

Ichthyosis

(Vulgaris, Lamellar, X-Linked)

Neurofibromatosis

(Café au-lait Spot, Skin Tag)

Xeroderma Pigmentosa

(Skin Freckles)

Tuberous Sclerosis

Hyper-Pigmented Patches & Macules

Common Cases for Clinic Exam

Ichthyosis

Ichthyosis Vulgaris

Treatment of Ichthyosis Vulgaris

- 1- Urea Cream 10%.
- 2- Salicylic acid Cream 3-6%.

Multiple, Generalized, Brown, Scales, Scattered All over the Trunk and Extensor Surface of Upper Limbs.



Lamellar Ichthyosis

Multiple, Generalized, Brown, Large Scales, Scattered All over the Face, also Ectropion of the Both Eyes, Deformed Ear & Scarring Alopecia.

Treatment of Lamellar Ichthyosis

- 1- Emollients (Vaseline).
- 2- Urea Cream 10-20%.
- 3- Retinoid also May Used.





Ichthyosis

**excessive amounts of dry
surface scales**

Multiple, Generalized, Dark Brown, Scales,
Scattered on Extensor Surface of Lower Limbs.

D\I:

- 1- Ichthyosis Vulgaris.
- 2- Lamellar Ichthyosis.
- 3- X-Linked Ichthyosis.



Lamellar Ichthyosis

Ectropion
Diagnostic For
Lamellar Ichthyosis



Multiple, Generalized, Brown, Scales,
Scattered on The Face & Bilateral Ectropion & Scarring Alopecia.

D/D:

- 1- Ichthyosis Vulgaris.
- 2- Lamellar Ichthyosis.
- 3- X-Linked Ichthyosis.



D\D:

- 1- Ichthyosis Vulgaris.
- 2- Lamellar Ichthyosis.
- 3- X-Linked Ichthyosis.

Multiple, Generalized, Brown, Scales,
Scattered on the Face & Neck & Bilateral Ectropion.



Multiple, Generalized, Brown, Scales,
Scattered on the Face & Bilateral Ectropion & Scarring Alopecia.

D\I\D:

- 1- Ichthyosis Vulgaris.
- 2- Lamellar Ichthyosis.
- 3- X-Linked Ichthyosis.



D\D:

- 1- Ichthyosis Vulgaris.
- 2- Lamellar Ichthyosis.
- 3- X-Linked Ichthyosis.

Multiple, Generalized, Brown, Scales,
Scattered All over the Body & Scarring Alopecia.



lamellar ichthyosis



X-linked Ichthyosis (Ichthyosis Negricans)

Treatment of X-Linked Ichthyosis

- 1- Emollients (Vaseline).
- 2- Urea Cream 10-20%.
- 3- Retinoid also May Used.

Multiple, Dark, Large Scales, Scattered All over the Chest & Abdomen,
Also There is Dirty Neck Sign.



X-linked Ichthyosis (Ichthyosis Negricans)



X-linked Ichthyosis (Ichthyosis Negricans)



Neurofibromatosis

Single, Well-Defined, Irregular, Hyper-Pigmented, Patch.
(Café au-lait Spot).



Multiple, Different Size & Shape, Brown, Skin elevation (Skin Tag),
Scattered on Chest & Abdomen.



Neurofibromatosis

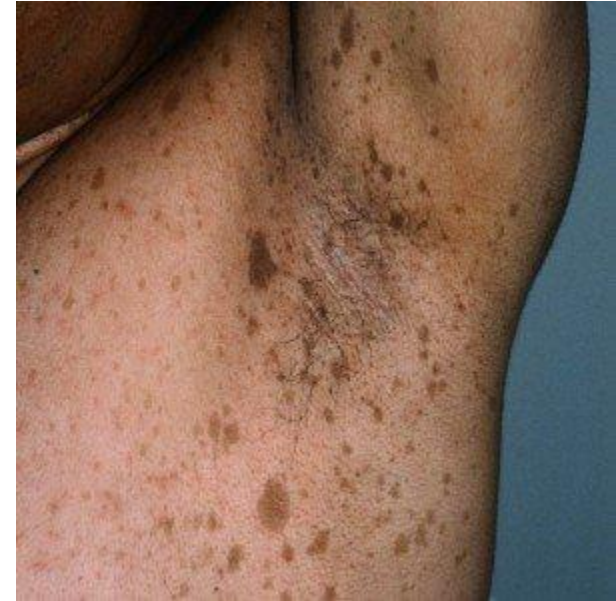
Café Au-Lait Spots.

Neurofibroma (Skin Tags).

Axillary Freckling.

Lisch Nodules.

Also Plexiform
Neurofibroma



Neurofibromatosis (CNAL)



Xeroderma Pigmentosa (Skin Freckles)



Multiple, Hyper-Pigmented, Skin Freckles, Scattered All over the Face
Also Patient Close Her Eyes Due to **Photosensitivity**.

Photosensitivity

Xeroderma Pigmentosa



Xeroderma Pigmentosa



Xeroderma Pigmentosa



Xeroderma Pigmentosa



Tuberous Sclerosis (ASK)



Ash-Leaf
Spots.

Shagreen
Patch.

Koenon
Tumor.



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Also
Café Au-Lait
Spots.



Tuberous Sclerosis (ASK)



Tuberous Sclerosis

Angiofibroma (adenoma sebaceum): - multiple firm papule on face
- its sign of tuberous sclerosis



Also Patient with Tuberous Sclerosis Has:

Adenoma Sebaceum

Periungual fibromas (koenen's tumors) -periungual papule
-its sign of tuberous sclerosis



Hyper-Pigmented Patch & Macule

D\D of Hyper-Pigmented Patches & Macules:

- 1- Neurofibromatosis.
- 2- Tuberous Sclerosis
- 3- Xeroderma Pigmentosa.
- 4- Freckles.
- 5- Pityriasis Vericolor
- 6- Post Traumatic.
- 7- Post Inflammatory.

Well-Defined, Regular, Hyper-Pigmented, Patches & Macules.
Scattered on the Trunk.



Common Cases for Clinic Exam

Psoriasis

Lichen Planus

Vitiligo

Acne

Alopecia

Erythema Nodosum

Erythema Multiform

Ichthyosis

نحياي ونمناي للجميع بالنجاح



These Slides are Done
By:

DR. MOHCEN AL HAJ



GOOD LUCK FOR ALL